

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International Application No.

Date stamp of the receiving Office

Applicant's or agent's
file reference

702979 PCT

Applicant

Decoma International Inc.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

300.00 T

2. SEARCH FEE

1,600.00 S

International search to be carried out by

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FILING FEE

Where item (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } 16
Where item (b) and (c) of Box No. IX do not apply, enter Total number of sheets

i1 first 30 sheets

1,489.00 i1

i2

0
number of sheets in
excess of 30

x

fee per sheet

0.00 i2

i3

additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x

fee per sheet

i3

Add amounts entered at i1, i2 and i3 and enter total at I

1,489.00 I

(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled,

4. FEE FOR PRIORITY DOCUMENT (if applicable)

P

5. TOTAL FEES PAYABLE

3,389.00

TOTAL

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

MODE OF PAYMENT

☐ authorization to charge
deposit account (see below)

☐ postal money order

☐ cash

☐ coupons

☐ cheque

☐ bank draft

☐ revenue stamps

☐ other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

☐ Authorization to charge the total fees indicated above.

☐ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

☐ Authorization to charge the fee for priority document.

Receiving Office: _____

Deposit Account No.: _____

Date: _____

Name: _____

Signature: _____